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TRANSMITTAL FORM

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Application Number	10/627476-Conf. #2236
Filing Date	July 25, 2003
First Named Inventor	Markus POMPEJUS
Art Unit	1631
Examiner Name	Brusca, John S.
Attorney Docket Number	BGI-125CPCN

ENCLOSURES (Check all that apply)							
x Fee Transmittal Form	Drawing(s)	After Allowance Communication to TC					
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences					
x Amendment/Reply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)					
After Final	Petition to Convert to a Provisional Application	Proprietary Information					
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter					
x Extension of Time Request Terminal Disclaimer		X Other Enclosure(s) (please Identify below):					
Express Abandonment Request	Request for Refund	Appendices A-L; Return Receipt Postcard					
Information Disclosure Statement	CD, Number of CD(s)						
Certified Copy of Priority Document(s)							
Reply to Missing Parts/ Incomplete Application	I I Nomains I						
Reply to Missing Parts under 37 CFR 1.52 or 1.53							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm Name LAHIVE/& COOKFIELD, LLP							
Signature Aouthu							
Printed name Maria Laccotripe Z	Maria Laccotripe Zacharakis, Ph.D., J.D.						
Date August 14, 2006	August 14, 2006 Reg. No. 56,266						

PTO/SB/17 (12-04v2) Approved for use through 7/31/2006. OMB 0651-0032

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Effective on 12/08/2004.				Complete if Known				
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			818). App	Application Number		10/627476-Conf. #2236		
FEE TRANSMITTAL			Filir	Filing Date		July 25, 2003		
		Firs	First Named Inventor		Markus POMP	EJUS		
For FY 2005			Exa	miner Name		Brusca, John S	3.	
Applicant claims sma	Il entity status. S	ee 37 CFR 1.27	Art t	Jnit		1631		
TOTAL AMOUNT OF PA	YMENT (\$) 120.00	Atto	Attorney Docket No. BGI-125CPCN				
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
X Deposit Account Dep	osit Account Numbe	ег: 12-0080 Depo	sit Account Na	ame:	La	ahive & Cockfiel	d, LLP	
For the above-iden	ntified deposit a	ccount, the Direc	ctor is here	by authorize	ed to: (ch	eck all that apply)		
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Charge any a	additional fee(s)) or underpayme	nt of	x Credit	any over	payments		
FEE CALCULATION	37 CFK 1.10 a	1.17						
1. BASIC FILING, SEARC	H, AND EXAM	INATION FEES						·
		FEES	SEARCH		EXAM	NATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$) Fee	<u>s</u> ee (\$)	mall Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fees P	aid (\$)
Utility	300		500	250	200	100		
Design	200	100	100	50	130	65	-	
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES								Small Entity
Fee Description			•				Fee (\$)	Fee (\$)
Each claim over 20 (include	ding Reissues)						50 .	25
Each independent claim or	ver 3 (including	g Reissues)					200	100
Multiple dependent claims	;						360	180
Total Claims Extra	Claims Fe	ee (\$)	Fee Paid (\$)	<u>r</u>	Multiple Depende	nt Claims	
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<u>Indep. Claims</u> <u>Extra</u> 4 - 15 =	Claims Fe	ee (\$) =	Fee Paid (<i>⊅)</i>				
3. APPLICATION SIZE FE								
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sheets or fraction there	eof. See 35 U.	S.C. 41(a)(1)(G)	and 37 C	FR 1.16(s).				
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4. OTHER FEE(S)			(10011	o up to a who	ne mumber	, ^	Fees I	Paid (\$)
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SUBMITTED BY	1							
Signature	an	NOT	Regis	tration No.	56,266	Telephone	(617) 227	7-7400

SUBMITTED BY	1/						
Signature	$ \alpha$	ous!	u	Registration No. (Alterney/Agent)	56,266	Telephone	(617) 227-7400
Name (Print/Type)	Maria Laccotripe	Zacharakis, Ph.D., J.D.	/			Date	August 14, 2006